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Bib Data Sheet

CONFIRMATION NO. 8967

SERIAL NUMBER 10/646,010	FILING DATE 08/22/2003 RULE	CLASS 714	GROUP ART UNIT 2138	ATTORNEY DOCKET NO. 03-0084
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APPLICANTS

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** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none DG*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *DG*

** 11/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after

Verified and Acknowledged *Allowance* *DG*

Examiner's Signature Initials

ADDRESS

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TITLE

Mapping test mux structure

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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